

Training Registration Form - July to December 2006



- Please make cheques payable to DVIRC.
- A letter of confirmation of your place in the training will be sent **after** the closing date.
- SAAP funded training is open to all workers, however SAAP funded workers will receive priority.
- DVIRC requires 3 days notice of cancellation of registration or a refund cannot be granted.

Please return this registration form and cheque to:

DVIRC, 292 Wellington Street, COLLINGWOOD, 3066 or **Fax form to: 9486 9744**
 For enquiries contact **DVIRC** on **9486 9866**, or email: **dvirc@dvirc.org.au**



Please select the training you wish to attend:

- | | | |
|---|---|---|
| <input type="checkbox"/> Introduction to Domestic Violence
19, 20, 26 & 27 July
\$300 | <input type="checkbox"/> Introduction to Domestic Violence
2, 3, 9 & 10 August
\$100 SAAP; \$300 non-SAAP | <input type="checkbox"/> Domestic Violence & Mediation
21 August
\$50 |
| <input type="checkbox"/> Children & Domestic Violence
6 & 7 September
\$50 SAAP; \$150 non-SAAP | <input type="checkbox"/> Family Violence & Legal Response
21 September
\$25 SAAP; \$75 non-SAAP | <input type="checkbox"/> Young People & Family Violence
11 & 12 October
\$50 SAAP; \$150 non-SAAP |

***If the training you wish to attend is not listed here please see CONTACT details on the training calendar.**

This form can be used as a TAX INVOICE - ABN 31 202 397 579

Participant Name:

Date of Birth:(we are required to collect DOB for **ACCREDITED** Training only)

Position:

Organisation:

SAAP NDCA Number: (mandatory for SAAP funded organisations)

Mailing Address:

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..... **Postcode:**

Phone No.: **Fax No.:**

Email:

Do you have any other special needs? (eg. hearing impairment, sight difficulty, prayer room, dietary needs)

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All information collected by DVIRC is held in strict confidence and no information is passed on to any person / agency outside the organisation without written consent.

Participants who are successful in gaining a place will be notified *after the registration closing date* (see calendar for closing dates). If you have any queries please contact us on (03) 9486 9866.
Please keep a copy of this form for your information.

Payment by Credit Card: Visa Mastercard Bankcard please tick

Name on Card:

Card Number: _____ Expiry Date:

Signature of Card Holder: Amount: \$